## EXHIBIT 23

OLLOW INSTRUCTION	IG STATEMENT  SES (from and burt) CAREFULLY  CONTACT AT FILER (cpuorsu)  212-59:	2-1400		U.C.C FILED OF INITIAL F.	DEPARTMENT . FILING SEX 6:00 PM 03/1 ILING NUM: (
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Baja Venture	es 2006, LLC				
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	ner, 10705 East Cactus Road		AR	85259	
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B. SEND ACKNOWLEDG Herrick Fe 2 Park Ave	MENT TO: (Name and Address)	00		
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	enue NY 10016			
New Tolk,	, N I 10010			
liochwartz@	Therrick com			
Jschwartze	herrick.com	THE ABOVE S	PACE IS FOR FILING OFFICE U	SE ONLY
	JLL LEGAL NAME - insert only one debtor name (1a or 1			
Baja Venture:			,	
16. INDIVIDUAL'S LASTI	VAME	FIRST NAME	MIDDLE NAME	SUFFIX
. MAILING ADDRESS		OffY	STATE   POSTAL CODE	COUNTR
	er, 10705 East Cactus Road	Scottsdale	AR 85259	
SEEINSTRUCTIONS	ADD'L INFO RE 16, TYPE OF ORGANIZATION ORGANIZATION LLC	11. JURISDICTION OF ORGANIZATION Delaware	1g. ORGANIZATIONAL ID #, if any	X
ADDITIONAL DEBTO	R'S EXACT FULL LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate or combin	e names	
	AML			
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
, MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTR
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. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE   2e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR   1	21. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	
SECUREDPARTYS	NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR'S	(P) - insert only <u>one</u> secured party name (3a or 3b)		
3a. ORGANIZATION'S N Lehman Brot	ame hers Holdings Inc.	· · · · · · · · · · · · · · · · · · ·		
3b. INDIVIDUAL'S LAST	•	FIRST NAME	MIDDLE NAME	SUFFIX
MAN INC ADDRESS		CITY	STATE POSTAL CODE	COUNTR
MAILING ADDRESS		New York	NY 10022	CODNIK
.1 MAILING ADDRESS 99 Park Avenue This FINANCING STATEM	O ENT covers the following collateral:			